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| | Application Number: | 10/511,072 |
| | Filing Date: | OCTOBER 12, 2004 |
| | First Named Inventor: | PETER KÖSSLER |
| | Art Unit: | 1761 |
| | Examiner Name: | Unknown |
| Total Number of Pages in this Submission : | 1 | |
| | Attorney Docket Number: | SONN:056US |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawings(s) _____ | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Statement under 37 CFR §3.73(b) | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) |
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| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/SONN:056US</u> |
| <input checked="" type="checkbox"/> Form PTO-1449 | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Sequence Statement |
| <input checked="" type="checkbox"/> References <u>B1-B5 and C1</u> | <input type="checkbox"/> CD, Number CD(s) _____ | <input type="checkbox"/> Paper Copy of Sequence Listing |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Computer Readable Form (CRF) |
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| <input type="checkbox"/> Reply to Missing Requirements | | <input checked="" type="checkbox"/> Second submission of IPER |
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| <input type="checkbox"/> Copy of Notice of Missing Requirements | | |

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------|-----------------|--------|
| Firm Name | Fulbright & Jaworski, L.L.P. | Customer Number | 32425 |
| Signature | | | |
| Printed Name | Mark B. Wilson | Reg. No. | 37,259 |
| Date | April 5, 2006 | | |

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